

VIGO COUNTY VETERANS TREATMENT COURT  
33 South Third Street – Fourth Floor  
Terre Haute, Indiana 47802

**Criminal Justice Consent for Release of Confidential Information**

I, \_\_\_\_\_, \_\_\_\_\_, hereby consent  
Participant name Date of birth  
to reciprocal communication between the Vigo County Veterans Treatment Court (VCVTC) Team, which includes: (which includes: Presiding Judge John T. Roach, Court Coordinator James Ramer, Case Manager Bill Watson, Veterans Justice Outreach Specialist Mark Mayhew, Prosecuting Attorney Robert Roberts, Defense Attorney Gretchen Etling, and Chief Adult Probation Officer Diane Frazier) and the following individuals / agencies: **(List referral agencies or persons outside of the team including treatment agencies, supportive living programs, employment programs, education programs, etc.)**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

The purpose of this disclosure and need for the disclosure is to inform the above named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the VCVTC monitoring criteria.

The extent of necessary information to be disclosed includes:

- |                             |                                    |
|-----------------------------|------------------------------------|
| 1. Assessment               | 6. Treatment plan                  |
| 2. Attendance at treatment  | 7. Discharge plan                  |
| 3. Prognosis                | 8. Results of Drug/Alcohol Screens |
| 4. Diagnosis                | 9. Other _____                     |
| 5. Probable Cause Affidavit |                                    |

Disclosure of this confidential information may be only made as necessary for, and pertinent to, hearings and reports concerning case number(s) \_\_\_\_\_.  
List all case numbers under which the participant is enrolled in problem-solving court

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the VCVTC for the above referenced case, such as the discontinuation of all court supervision upon my successful completion of all VCVTC requirements OR upon sentencing for violation of the terms of VCVTC.

I also understand that any disclosure made between the above named agencies or individuals is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties. I have received a copy of this signed form. **I understand that matters relating to my case and compliance will be discussed in open court.**

_____ Date	_____ Participant
_____ Interpreter	_____ Witness

A photocopy of this completed form shall be as valid as the original  
\*All blank lines must be crossed out or filled in at the time of signing

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Terre Haute, Indiana 47802

**General Consent for Release of Confidential Information**

I, \_\_\_\_\_, \_\_\_\_\_, hereby consent to  
(Participant Name) (D.O.B.)

reciprocate communication between the Vigo County Veterans Treatment Court (VCVTC) Team (which includes: Presiding Judge John T. Roach, Court Coordinator James Ramer, Case Manager Bill Watson, Veterans Justice Outreach Specialist Mark Mayhew, Prosecuting Attorney Robert Roberts, Defense Attorney Gretchen Etling, and Chief Adult Probation Officer Diane Frazier) and the following individuals and agencies:

- |                          |                        |
|--------------------------|------------------------|
| 1. CPS Case Worker _____ | 4. Family Member _____ |
| 2. Employer _____        | 5. Other _____         |
| 3. Family Doctor _____   |                        |

The Purpose and need for disclosure is to provide collaboration with the above entities regarding my attendance, progress, and attitude toward my evaluation, and required treatment, education or both. The extent of necessary information to be disclosed includes:

- |                             |                                   |
|-----------------------------|-----------------------------------|
| 1. Assessment               | 6. Treatment Plan                 |
| 2. Attendance at treatment  | 7. Discharge Plan                 |
| 3. Prognosis                | 8. Results of Drug/Alcohol Screen |
| 4. Diagnosis                | 9. _____                          |
| 5. Probable cause Affidavit |                                   |

Disclosure of this confidential information may be only made as necessary for, and pertinent to, hearings and reports concerning case number(s):

\_\_\_\_\_  
\_\_\_\_\_  
(List all case numbers under which the participant is enrolled)

I may revoke this consent at any time in writing, except where there has been action taken in reliance upon this release. Otherwise, I understand that this consent will remain in effect until there has been formal and effective termination of my involvement with the VCVTC for the above referenced case, such as the discontinuation of all court supervision upon my successful completion of all VCVTC involvement.

I understand that any disclosure made between the above named agencies or individuals is bound by 42 CFR Part 2, which is Code of Federal Regulations governing confidentiality of substance abuse patient records, and that recipients of this information may re-disclose it only in connection with their official duties. I have received a copy of this signed form. **I understand that matters regarding my case and compliance will be discussed in open court.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Interpreter

\_\_\_\_\_  
Witness

A photocopy of this completed form shall be as valid as the original  
\*All blank lines must be crossed out or filled in at the time of signing